

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 1 4

2. STATE:

Pennsylvania

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID) **Title XIX**TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1905(a)(27) of the Social Security Act

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1A, Pages 9, 9a and 9b
Attachment 3.1B, Pages 7a, 8, 8a and 8b

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ 0
b. FFY 2003 \$ 09. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 3.1A, Pages 9, 9a, 9c and 11a
Attachment 3.1B, Pages 8, 8a, 8b, 7a and 7b

10. SUBJECT OF AMENDMENT:

Coverage of religious nonmedical health care

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Review and approval
authority has been delegated to the
Department of Public Welfare.

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Feather O. Houstoun

14. TITLE:

Secretary of Public Welfare

15. DATE SUBMITTED:

12/27/01

16. RETURN TO:

Commonwealth of Pennsylvania
Department of Public Welfare
Office of Medical Assistance Programs
Bureau of Policy, Budget and Planning
P.O. Box 8046
Harrisburg, PA 17105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

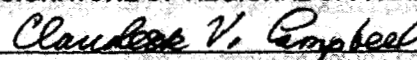
March 5, 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10/1/01

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

CLAUDETTE V. CAMPBELL

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID & STATE OPERATIONS

23. REMARKS:

State/Territory: Commonwealth of Pennsylvania

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

- a. Transportation
☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.
- b. Services provided in Religious Nonmedical Health Care Institutions.
☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.
- c. Reserved
- d. Nursing facility services for patients under 21 years of age.
☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.
- e. Emergency hospital services.
☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.
- f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.
☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

• Description provided on attachment

SERVICE	LIMITATIONS
24. Any other medical care and any other type of remedial care Recognized under State law, specified by the Secretary.	
a. Transportation	<u>Limitations on payment</u> – The following limits apply to payment for compensable ambulance transportation: 1. Transportation must be made to providers who are generally available and used by other members of the community. 2. Transportation must be made to or from services which are covered under the Medical Assistance Program. A partial list of noncovered services is contained in the Provider Handbook. 3. If more than one person is transported during the same trip, either to the same destination or a different destination, payment is made for transportation of the patient whose destination is the greatest distance. No additional payment is allowed for the additional person(s).
b. Services provided in Religious Nonmedical Health Care Institutions.	<u>Limitations on payment</u> – This service is limited to individuals under 21 years of age for treatment of physical and mental problems identified during EPSDT screening and require prior authorization.
c. Reserved	
d. Nursing facility services for patients under 21 years of age.	<u>Limitations on payment</u> – Limited to approved facilities. All nursing facilities must be approved and certified for participation in the Medical Assistance Program by the Office of Medical Assistance Programs.

SERVICE	LIMITATIONS
e. Emergency Hospital Services	<u>Limitations on payment</u> – The following limits apply to payment for compensable services: Described in item 2.a. (2)
f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.	<u>Limitations on payment</u> – This service is limited to individuals under 21 years of age for treatment of physical and mental problems identified during EPSDT screening and require prior authorization.

SERVICE	LIMITATIONS
20. <u>Management Targeted Case Services</u>	See Enclosure

Revision: HCFA-PM-01-01-02 (BPBP)

ATTACHMENT 3.1-B

June 2001

Page 8

OMB No: 0938

State/Territory: Commonwealth of Pennsylvania

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY

NEEDY GROUP(S): _____

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act.)

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

- a. Transportation.

☒ Provided ☐ No limitations ☒ With limitations*
☐ Not provided.

- b. Services provided in Religious Nonmedical Health Care Institutions.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

- c. Reserved

- d. Nursing facility services for patients under 21 years of age.

☒ Provided ☐ No limitations ☒ With limitations*
☐ Not provided.

- e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

- f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

Description provided on attachment

SERVICE	LIMITATIONS
22. <u>Respiratory care services</u> <u>(in accordance with section</u> <u>1902(e)(9)(A) through (C) of the Act.)</u>	<u>Limitations on payment</u> – This service is limited to individuals under 21 years of age for treatment of physical or mental problems identified during EPSDT screenings and require prior authorization.
23. <u>Any other medical care and any</u> <u>other type of remedial care recognized</u> <u>under State law, specified by the Secretary</u>	
23.a. Transportation	<u>Limitations on payment</u> – The following limits apply to payment for compensable ambulance transportation: <ol style="list-style-type: none">1. Transportation must be made to providers who are generally available and used by other members of the community.2. Transportation must be made to or from services which are covered under the Medical Assistance Program. A partial list of noncovered services is contained in the Provider Handbook.3. If more than one person is transported during the same trip, either to the same destination or a different destination, payment is made for transportation of the patient whose destination is the greatest distance. No additional payment is allowed for the additional person(s).
23.b. Services provided in Religious Nonmedical Health Care Institutions	<u>Limitations on payment</u> – This service is limited to individuals under 21 years of age for treatment of physical and mental problems identified during EPSDT screenings and require prior authorization.
23.c. Reserved	
23.d. Nursing Facility Services for Patients Under 21 Years of Age Please refer to Attachment 4.19D For reimbursement	<u>Limitation on payment</u> – Limited to approved facilities. All hospital-based nursing units must meet requirements as follows: <ol style="list-style-type: none">1. The nursing unit must be composed of former acute care hospital beds that have been converted to and certified for skilled nursing or intermediate care.

23.e. Emergency hospital services

Limitations on payment – The following limits apply to payment for compensable services:

Described in item 2.a.(2).

23.f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

Limitations on payment – This is limited to individuals under 21 years of age for treatment of physical or mental problems identified during EPSDT screenings and require prior authorization.